State of California See Instruction Spand Frikaci, Statement on Reverse Side TRAVEL EXPENSE CLAIM Traveler ID Unit Code										se Side	BK Trip? O YES O No			
STD. 262 (REV. 10/92)										Page		of	_ Pages	
	т's NAME en Bak	1 1304	2008TEC1838			SSN OR FMPI OYFE NUMBER*					RTMENT R		>	
OSITIO		of Volunteering and	CB/ID NO.: EXEMPT		Ca	California Volunteers						PCA # 11100		
ESIDEN	CE ADDR	ESS*				1110 K Street Suite 210						916-323-7646		
STATE STATE CA				ZIP CODE		сіту Sacramento				STATE CA			ZIP CODE 95814	
1) MONTH/YEAR (3)			(4)	(5) MEALS			(6)	(7) TRANSPOR		NSPORTA	TATION		(8)	(9)
un 2010		LOCATION WHERE EXPENSES WERE INCURRED		BREAK-		O.T.,L/T, N/C, RELO. OR DINNER	INCIDENT-	(A) COST OF	(B)	(C) CARFARE, TOLLS,	PRIVAT	(D) E CAR USE	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME		LODGING	BREAK- FAST	LUNCH	OR DINNER	INCIDENT- TALS	TRANS.	USEC	PARKING	MILES		EXPENSE	
6/2	2000	Sac/San Diego	\$159.35				· .			\$24.00	18	\$9.00		\$192.3
6/3	1545	San Diego/Sac									18	\$9.00		\$9.0
												\$0.00		\$0.0
												\$0.00		\$0.0
												\$0.00		\$0.0
			<u> </u>									\$0.00		\$0.0
												\$0.00		\$0.0
						6000	E G		12			\$0.00		\$0.0
	-						HIM	2 3 201	n	Particular Section 1		\$0.00		\$0.0
	-						UU:N					\$0.00		\$0.0
		1				OF	ICE VI PE ADMINIST	RATIVE SER	VICE	1011		\$0.00		\$0.0
	_											\$0.00		\$0.0
	-											\$0.00		\$
i0)	SUBT	rotals	\$159.35							\$24.00	\$3	 6 · 18		\$201.3
		DEUMNECODE (ACCEGIUSE	oney)											
			<u> </u>							CLAIM	TOTA	և \$	\$	201.3
11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) CalVet Corps Launch											113) NUDWYI WUDK HUIDE			
											(13) PRIVATE VEHICLE LICENSE NUMBER 4ybd289 (14) MILEAGE RATE CLAIMED .50 AGENCY AGCOUNTING OFFICE USEGNLY			
										PAID BY REVOLVING FUND CHECK NUMB \$0.50				
										HERER	Y CERTIE	Y That the above is a true statement of t	he travel expenses	s incurred by
rivately aimed,	owned vel	Y that the above is a fue statement of the incle was used, and if mileage rates excephave met the requirements as prescribed	eed the minimum ra d by SAM Sections	ate, I certify th 0750, 0751,	at the cost of 0752, 0753, a	operating the and 0754 perta	vehicle was e ining to vehic	equal to or great le safety and se	er tha	n the rate usage.	上		-T	
5) CLA	IMANT'S S	SIGNATURE		DATE/	10	(1675)	SHATURE OF	F OFFICER AP		MATE AV		PAYMENT	DATE 2	2-R
7) SPE	CIAL EXP	ENSE AUTHORIZATION - SIGNATURE	and TITLE (See I	tem 1 / on rev	erse)				-	//			DATE	